DOCUMENT RESUME

ED 264 002 PS 015 467

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TITLE Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project. Final Report: Innovations in Protective Services.
INSTITUTION Texas State Dept. of Human Resources, Austin.
SPONS AGENCY Office of Human Development Services (DHHS), Washington, D.C.
PUB DATE 30 Sep 85
GRANT OHDS-06C23-09
NOTE 86p.; For related documents, see PS 015 465-471.
PUB TYPE Reports - Descriptive (141) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Attitude Change; *Child Abuse; *Child Neglect; *Curriculum Development; Curriculum Evaluation; *Intervention; Program Descriptions; Program Effectiveness; Program Evaluation; *Program Implementation; Sexual Abuse; Teamwork
IDENTIFIERS Impact Evaluation; Texas

ABSTRACT

An evaluation was made of the Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment, a project established mainly to develop a curriculum for interdisciplinary child sexual abuse training, change attitudes and increase knowledge and skills of trainees, and promote a team approach toward training and case management among community professionals. Part I of the report, a process description, discusses the impetus for the project and the techniques used to get the project started. Also discussed are techniques used to secure the project's existence after P.L. 93-247 funding ended. Discussed in detail are methods used to develop a sound curriculum, to help community professionals develop a team approach to training, and to establish the Institute as a continuing resource for training. Recommendations for replication of the Insititute are provided. Part II discusses the evaluation and its findings in three areas: knowledge improvement, curriculum assessment, and changes in attitudes and perceptions toward child sexual abuse identification, treatment, and intervention. Major findings indicate that the Institute's training (1) led to increased knowledge about child sexual abuse, (2) was viewed favorably by trainees, and (3) had a positive effect on trainees' attitudes and perceptions. (RH)

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Final Report: Innovations In Protective Services

P.L. 93-247 Grant Award #06C23/09

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# Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project

September 30, 1985

PS 015467

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Office of Programs
Texas Department of Human Services

# MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE INTERVENTION AND TREATMENT PROJECT

**Final Report**

September 1, 1983, through August 31, 1985

This project was funded by the Office of Human Development Services, U.S. Department of Health and Human Services, in fulfillment of OHDS Grant No. 06C23-09, P.L. 93-247 State NCCAN Grant Funds.

The views expressed herein are those of the authors and do not necessarily reflect the official position of the Office of Human Development Services of the U.S. Department of Health and Human Services.

September 30, 1985

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PS 015467

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## GENERAL INTRODUCTION

Innovations in Protective Services is the collective name of seven projects funded by P.L. 93-247 state grant money and conducted by the Texas Department of Human Services (DHS). The seven demonstrations, designed to test ideas for improving services to children in need of protection, are listed below:

- o Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment;
- o Project Amistad (Friendship), a Joint Venture between DHS and Family Outreach;
- o Family-Centered, Home-Based Intervention for Protective Service Clients;
- o Child Protective Services Case Management;
- o Child Abuse and Neglect Prevention;
- o Advanced Job Skills Training; and
- o Automated Performance Tracking and Productivity Improvement.

Overall objectives established for the seven projects are to develop innovative child abuse and neglect programs using volunteers and private agencies; to strengthen the quality of services for child abuse and neglect through competency-based and specialized training programs; and to develop models and program designs for planning and delivering child abuse and neglect services and for allocating resources.

Priorities from DHS's long-range plan for child protective services (CPS) provided the basis for selection of the projects to be demonstrated, and project results will be used in planning improvements in CPS service delivery systems.

The project reported on in this document, Multidisciplinary Institute, is a cooperative venture between DHS (regions 4 and 5) and a community-based organization (Tarrant County Junior College of Fort Worth).

Copies of this and other reports on the 93-247 projects can be obtained by writing to Project Support and Utilization Section; Office of Research, Demonstration, and Evaluation; Texas Department of Human Services; P.O. Box 2960 (MC 504-E); Austin, Texas 78769.

## ACKNOWLEDGMENTS

The Texas Department of Human Services wishes to acknowledge the contributions of a number of people who participated in the development and implementation of the Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project and who contributed to project reports.

John Brogden and Jane Bingham, education directors, had major responsibility for directing the institute; Rosemary Maldonado provided them with clerical support; David Cory, Nancy DeWees, and Loretta McCarty gave direction as executive committee members; Ethel Crear and Jim Lehrman, regional directors for child protective services, provided regional administrative support; Mary Jane McCarty, program specialist, served as program liaison with the state office. Special appreciation is accorded to Steve Otto, who coordinated activities of the institute for Tarrant County Junior College and assumed the responsibility for hiring a new education director when the position became vacant.

From the Office of Research, Demonstration, and Evaluation (ORDE)--headed by Assistant Commissioner Suzette Ashworth, Ph.D.--efforts were contributed by several members of ORDE's Research and Demonstration Division, which is administered by Kent Gummerman, Ph.D. Project Developer Brenda Hardesty prepared the original grant proposal, and Evaluation Specialist Penny Potter conducted the first-year impact evaluation and wrote the evaluation report. Miye Cohen conducted the second-year evaluation and wrote the evaluation report. Project Specialist Lucretia Dennis-Small provided support to project staff, prepared reports to the funding source, prepared the process evaluation, gave technical assistance, and arranged for nationwide dissemination of the final report. Nicholas Constant and Phyllis Jamar of the Technical Communications Unit contributed to the high quality of project documents.

## EXECUTIVE SUMMARY

The final report on the Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project evaluates progress toward achievement of the established goal and objectives.

The report is divided into two parts. Part I describes processes used to develop and implement the project. Part II reports findings of the impact evaluation that was conducted for the second year of this two-year project.

The primary focus of the training institute was a team approach to investigation, intervention, and treatment of child sexual abuse. The process description (Part I) discusses the impetus for the project and the techniques used to get the project started. Also discussed are techniques used to secure the project's existence after the P.L. 93-247 funding ended. This part of the report discusses in detail the methods used (1) to develop a sound curriculum, (2) to help community professionals develop a team approach to training, and (3) to establish the institute as a continuing resource for training. Finally, recommendations for replication of the institute are given.

Part II of this report discusses the evaluation and its findings. The general evaluation strategy was concerned with three research areas: (1) knowledge improvement; (2) curriculum assessment; and (3) changes in attitudes and perceptions toward child sexual abuse identification, treatment, and intervention. The evaluation methodology employed knowledge acquisition instruments, an evaluation questionnaire, and a self-report survey of attitudes and perception. No control group could be obtained for the knowledge acquisition component; thus any changes may not necessarily be attributable to the training.

The major findings of the evaluation indicate that the institute's training--

- o led to increased knowledge about child sexual abuse;
- o was viewed favorably by the trainees; and
- o had a positive effect on the trainees' attitudes and perceptions toward child sexual abuse identification, treatment, and intervention.

The multidisciplinary institute project met its objectives and can be judged successful.

## BACKGROUND AND ORIGIN

The Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project was established in September 1983 in Fort Worth, Texas, with Public Law 93-247 state grant funds. The institute's purpose was to train personnel from all professions involved in sexual abuse intervention.

The institute's philosophy was developed by three program directors (second-line supervisors) in the Texas Department of Human Services (DHS) who supervised child protective services specialists and supervisors. These program directors were concerned about the lack of continuity they had observed while their staff struggled with intervention and treatment issues involved in child sexual abuse cases.

From November 1982 to August 1983, three DHS program directors for child protective services held interagency meetings to discuss the need for a child sexual abuse intervention and treatment training institute.

The interagency meetings were attended by representatives from these agencies: Central Counties Center for Mental Health-Mental Retardation (MHMR) Services, Texas Coalition for Juvenile Justice, Texas Juvenile Probation Commission, Texas Commission on Law Enforcement Officer Standards and Education, Texas Adult Probation Commission, Fort Worth Police Department, Concho Valley Center for Human Advancement, Tarrant County Junior College Regional Police Academy, and DHS.

At the first interagency planning meeting, the program director from Fort Worth presented information about cases of child sexual abuse that had not reached desired outcomes. She explained that although many agencies had taken parallel actions while working the same cases, these actions had not been coordinated; as a result, desired outcomes were not achieved as often as they might have been. The group agreed on a proposed method to train professionals who intervene in child sexual abuse cases. This method was the establishment of the institute. The group believed that if multidisciplinary training were available, the following problems would be reduced or eliminated:

- failure to report sexual abuse,
- lack of specialized knowledge/training by involved professionals,
- lack of resources for treatment,
- mistrust of one agency/discipline for another,

- o failure to share vital information,
- o unsuccessful criminal and civil court actions,
- o child victims' trauma after reporting sexual abuse incidents, and
- o lack of community treatment for child victims and their families.

John Brogden, who had worked at the Knoxville Institute for Sexual Abuse Intervention and Treatment, was selected as the first education director of the Texas multidisciplinary institute. Drawing from his experience at Knoxville and from preliminary work by the project's executive committee, the director shaped the Texas institute's curriculum (see Appendix A).

From October 1983 to August 1984, the institute held 10 sessions with 248 people attending. The first year's evaluation of the institute indicated that the training was effective in orienting trainees about the roles of other professionals involved in child sexual abuse treatment and intervention. (For the reader's information an impact evaluation report for fiscal year 1985 is included as Part II of this document).

Data collected for the annual evaluation report (September 1984) indicated "that trainees had an extremely positive reaction to the training curriculum." The trainees remarked about how well organized and informative the course was. Also, they felt better informed about the roles of other professional who handle child sexual abuse cases and felt that the training had significantly increased their skills in handling cases.

Under a contract from DHS, the institute was moved (administratively and physically) to Tarrant County Junior College (TCJC) for its second year of operation. In September 1984, the education director and his secretary became TCJC employees. This move presented an interesting challenge to the project's executive committee and to TCJC officials. The problems encountered in the transfer of the institute's administrative controls from DHS to TCJC Regional Police Academy in Fort Worth are presented in the subsection on the project's second year. Suggestions for avoiding problems in future joint endeavors that feature contracted services also are discussed.

## FIRST PROJECT YEAR

### OBJECTIVES

The following objectives were established for the project and remained the same through both years of operation (September 1983 through August 1985):

- Objective 1--to develop a sound curriculum for interdisciplinary child sexual abuse training;
- Objective 2--to change uninformed attitudes of trainees regarding treatment of child sexual abuse and to increase trainee's knowledge and skills in child sexual abuse intervention and treatment;
- Objective 3--to help community professionals develop a team approach to training and case management;
- Objective 4--to expand community resources for child sexual abuse investigations, intervention, and treatment;
- Objective 5--to increase the frequency with which desired outcomes are achieved in child sexual abuse cases; and
- Objective 6--to establish the institute as a continuing resource for training and for offering ongoing consultation.

### PHILOSOPHY

The institute's philosophy was developed by the three program directors who pursued the concept of a training institute for Texas. Two of the three program directors attended the Knoxville Institute for Sexual Abuse Intervention and Treatment. All three directors studied opinions of nationally respected practitioners and researched current practices in the treatment of child sexual abuse. In the process, the three directors reached agreement on some basic principles. They concluded that the most successful treatment models recognized the need to coordinate civil and criminal court procedures when intervening in child sexual abuse cases. Also, they agreed that initial treatment should be prompt and should be available while the family is still in crisis. The program directors further concluded

that initial intervention could be conducted either (1) through groups that shared an issue (e.g., abuse perpetrators) or (2) through one-on-one treatment. Later, after family members had worked on their individual issues, family group therapy was appropriate.

Family therapy, they believed, should come only after a series of specific steps had taken place:

- the spouse believed and supported the child;
- the spouse indicated readiness to protect the child;
- the perpetrator admitted the sexually abusive behavior;
- the perpetrator assumed responsibility for the abuse; and
- the perpetrator apologized to the child under therapeutically controlled conditions.

In addition, it would be best if the child believed she or he was not responsible for the abuse, but this step was not considered necessary to start family therapy. The program directors were convinced that intervention and treatment in cases of child sexual abuse worked best when these steps were pursued.

After a philosophy for the training institute had been decided, an executive committee was formed. This committee consisted of the three DHS program directors and the coordinator of TCJC's Regional Police Academy. (After being hired as education coordinator for the institute, John Brogden became an ex officio member of the executive committee.) The committee agreed to form a statewide planning council and made a list of potential council members who had statewide orientation and expert knowledge in one of the following disciplines: child protection, juvenile/adult probation, juvenile justice, law enforcement, social work/counseling, state legislative processes, and community education.

Other criteria for potential members of the planning council were agreement on the need for the proposed institute and willingness to advocate for the institute with others in their discipline, identify training needs for their discipline, seek and identify funding sources, write funding proposals, and participate in establishment of the institute curriculum.

## CURRICULUM

The Knoxville Institute for Sexual Abuse Intervention and Treatment strongly influenced the curriculum of the Texas institute. Although the three program directors liked the Knoxville curriculum, they decided to structure courses and training that would be unique to the Texas facility. The executive committee appointed a work group to make recommendations about curriculum topics, course content, and instructors. Work group members represented these agencies and disciplines: TCJC Regional Police Academy (law enforcement); DHS Protective Services for Families and Children Program (social work); Tarrant County Sexual Abuse Advisory Committee (included psychologists and attorneys); Adult Probation Commission; Juvenile Probation Commission; Texas Coalition for Juvenile Justice; and Concho Valley Center for Human Advancement.

The diversity of the work group caused some problems. Each discipline came to the initial meetings with definite ideas about curriculum topics and content. Disagreements surfaced as each discipline suggested slanting courses with information favoring its interests. As the committee continued to meet and each discipline explained its orientation, work on the curriculum progressed and conflicts were resolved. The curriculum committee made preliminary recommendations to the planning council about course topics and instructors.

In September 1983, John Brogden finalized the curriculum with participation from curriculum committee members, the executive committee, the planning council, and instructors. Mr. Brogden also conducted interviews and observations to test teaching skills of potential instructors. He rated them on experience in preparation of lesson plans, content and style of presentation, and congruence of their philosophy with that of the institute's founders. He rated each interviewee and made arrangements with instructors who would teach at the institute. The majority of the instructors donated their time. A small number were paid.

The executive committee received and approved the education director's final recommendations about the institute curriculum. Once the course topics had been approved, the director held final interviews and offered contracts to instructors. Those who agreed to teach at the institute participated in work sessions to further develop the curriculum.

Each training segment was designed to make a specific teaching point. Also, the education director and instructors brainstormed about the optimum methods to get teaching messages across to trainees. They decided that a variety of methods had to be used--including visual and audio aids, experiential exercises, and lectures--to stimulate

and maintain interest in the five-day training session. The education director decided that the order of training should replicate the flow of actual child sexual abuse cases. For this reason, the curriculum was structured as it now appears (see Appendix A).

The length of the institute training sessions was another issue that had to be addressed. The planning council was divided on whether to require three-day or five-day sessions. Some law enforcement representatives wanted to be able to leave after the third day because they thought they did not need to attend sessions dealing with treatment modalities. The executive committee decided that each person who attended the institute needed to attend the entire five days. (In retrospect, the committee felt that this decision was crucial and that compromise on this issue would have destroyed the project's concept of team intervention.)

Another major task was to secure accreditations for institute courses from the governing bodies of each discipline receiving training. Although the four regulatory bodies had general questions about the institute's curriculum, no major issues arose regarding the curriculum, and no problems came up during negotiation about Continuing Education Units (CEUs) for institute trainees. The coordinator of TCJC's Regional Police Academy submitted the curriculum to the Texas Commission on Law Enforcement Officer Standards and Education. The commission reviewed and approved the institute curriculum as presented, authorizing 40 hours of CEUs to law enforcement officers who attended the institute training. DHS awarded social workers 4 CEUs. The Texas Education Association (TEA) approved the curriculum and awarded CEUs to educators. TCJC students also receive CEUs for attending the institute.

The institute's first five-day training course was held November 7-11, 1983. Three community teams, totaling 23 people, attended the first training session. The education director structured the curriculum so that teams spent time together planning the integration of community services once they returned home.

Although participants' evaluation of the first session indicated that the training was well received, the education director reassessed the curriculum after the first session. He found that trainees entered the institute with varying degrees of knowledge and preparation for intervention and treatment in child sexual abuse cases. As a result of his assessment some sessions were lengthened, others were shortened, and a session entitled "Community Organization to Combat Child Sexual Abuse" was added.

The institute began to rotate instructors. This practice helped the education director solve a scheduling problem and also allowed in-

structors the freedom to keep commitments made before the project was funded.

All instructors were evaluated by institute participants. Two instructors received low performance ratings. Subsequently, other instructors were recruited to teach those two classes.

The curriculum was reassessed continuously, but after the second training session no major changes were made.

## TEAM APPROACH

Throughout the five-day training session, the team approach to treatment of cases of child sexual abuse was stressed. This approach to treatment was interwoven throughout instructors' presentations in sessions on specific topics. Community teams received preference for enrollment at the institute. The training methods were designed to establish support and teamwork among individuals from the same communities who are likely to intervene in and treat the same cases of child sexual abuse. The team approach was emphasized in several ways:

- Historical and chronological overviews of child sexual abuse were provided on the first day. This session pointed out logical and proper roles for each discipline as it became aware of or involved in each case.

- The session on investigation strategies suggested roles for various disciplines. This session highlighted the roles of the police and DHS and stressed the exchange of information between these two agencies. Both criminal and civil concerns were discussed. This strategy session explicitly familiarized trainees with the law that makes it a misdemeanor not to report child sexual abuse to the police. Roles of other professionals and their obligation to consider the protection of the child were discussed.

- The session on family dynamics informed each discipline about what to expect from child sexual abusers and family members. Suggestions were given for treating various personality types.

- Instructors stressed the need for all disciplines to work together. In experiential exercises, trainees had to assume the role of a discipline other than their own. This exercise

encouraged appreciation of each discipline for the role of others in cases of child sexual abuse.

- o A session emphasizing community organization and structure was taught. During this session, the trainees divided themselves into teams and participated in a problem-solving exercise on intervention into child sexual abuse. All team members were required to assume the role of a professional from a discipline other than their own.

During the first year, the institute held 10 sessions (November 7-11, December 5-9, January 9-13, February 6-10, March 12-16, April 2-6, May 14-18, June 4-8, July 9-13, and August 6-10). Two hundred forty-eight trainees attended, representing several backgrounds and interests--child protective services (94); mental health (45); law enforcement (49); adult probation/parole (10); juvenile probation (2); education (4);judges and district attorneys (4); child care (2); women's shelter/rape crisis intervention (11); and agency-connected or individual volunteers (9). Forty-two Texas municipalities were represented, and 29 teams were identified. The following municipalities were represented by at least one team--Abilene, Arlington, Brownwood, Dallas, Farmers Branch, Fort Worth, Grand Prairie, Greenville, Hurst, Mineral Wells, and San Angelo.

## PROBLEMS

Attempting to start up innovative projects using established systems usually presents administrative problems. An immediate problem for the institute project was the development of DHS contracts with other agencies. Procedures and systems involved in negotiating contractual agreements and budgets with potential instructors and TCJC were not clear initially. The DHS regional budget officer in Arlington helped the education director devise a method of payment that was satisfactory to all parties involved.

Early in the 1983 project year, staff members forecast an insufficient amount of money budgeted for travel. The education director attended the Sixth National Conference on Child Abuse and Neglect and quickly became aware of the limited amount allocated for his travel expenses. The budget was adjusted, and host organizations were asked to assume direct responsibility for some of the director's expenses when he appeared as a guest lecturer. Also, money was transferred from one line item and put into the travel budget.

Logistics, too, were a problem for project staff members and institute trainees. Major problems included limited parking space on the downtown Fort Worth campus of TCJC, hotel costs that exceeded trainees' allowances, and the frequent necessity of transporting training equipment from TCJC's northeast campus to the downtown campus. These problems were resolved when the training site was moved from downtown to the northeast campus, and a local motel reduced its rates for institute participants.

## SECOND PROJECT YEAR

The transfer of project administrative operations and project personnel to TCJC Regional Police Academy did not change the institute's philosophy or its commitment to the team approach in treatment of child sexual abuse. Training methods and the curriculum designed during the project's first year continued to be stressed by institute instructors and the education director. More Texas municipalities sent teams to receive training, and one team came from Oklahoma.

### ADVANCED TRAINING

During its second year, the institute offered three advanced training sessions (on April 23-24, May 21-23, and June 25-27) for graduates of its basic course. The advanced sessions, which attracted 64 trainees, covered the following topics:

- Specific Treatment Approaches with the Child Victim;
- Interviewing and Interrogation of Child Sexual Abuse Offenders; and
- Clinical Practice with the Sexually Abusive Family.

Twelve teams represented the following municipalities--Abilene, Arlington, Brownwood, Dallas, Fort Worth, and San Angelo.

### BASIC TRAINING

The institute continued to emphasize training methods designed to establish support and teamwork among individuals from the same communities.

During its second year, the institute held 10 sessions (October 1-5, 1984; November 12-16, 1984; December 3-7, 1984; January 7-11, 1985; February 4-8; March 11-15; April 8-12; May 6-10; June 3-7; and July 29-August 2). As of August 31, 10 training sessions had been held and 261 people had attended the institute's basic training during the second project year. Trainees receiving the basic curriculum represented varied backgrounds and interests--child protective services (123); mental health (24); law enforcement (45); adult probation/parole (11); education (2); judges and district attorneys (16); child care (3); women's shelter/rape crisis intervention (6); medical and health personnel (10); and volunteers--both agency-connected and interested individuals--21). Forty-two teams represented the following municipalities: Abilene, Ballinger, Bay City, Bedford, Brownsville, Colorado City, Corpus Christi, Dallas, Del Rio, El Paso, Harlingen, Johnson/Tarrant counties, Lubbock, McAllen, Nacogdoches, Plano, San Angelo, San Antonio, Seguin, Snyder, Sweetwater, Tyler, and Waco. Norman, Oklahoma, sent a six-member team to the institute. The following municipalities sent representatives that had no team affiliation--Austin, Beeville, Cleburne, Denton, Greenville, Goldthwaite, Haskell, Houston, Lewisville, Plano, Victoria, Waco, and Weatherford. Dyess Air Force Base (Abilene, Texas) also sent a representative to receive institute training.

## CONTINUATION OF THE INSTITUTE

DHS regions 4 and 5 have pledged funds to fill 171 of the 300 available training slots in fiscal year 1986, and other DHR regions are being asked to pledge funds to fill more slots. TCJC officials have agreed to sponsor the institute for one year. During this next fiscal year, TCJC and the executive committee will seek other grants and funding sources. The immediate plan is to raise the institute registration fee from $20 to $175 per person. This figure represents the undsubsidized cost of training, reflecting the intention of project Objective 6 that the institute be fully self-sustainng within two years.

In fiscal year 1986, the institute plans 18 sessions. Additional instructors must be found to teach the 8 new sessions.

In March, the police academy coordinator submitted an application for continuation funding to the Texas Governor's Office. The Legislature funds such grants from discretionary funds. In July, the coordinator received word that because of prior commitments for discretionary funds, no money would be available to help the institute.

## PROJECT UTILIZATION AND DISSEMINATION ACTIVITIES

Executive committee members, the education director, and the project specialist in ORDE devoted considerable time to (1) advocating the use of project findings and (2) disseminating information about the project. With their combined efforts, these things were accomplished:

- in order to announce and describe the institute, the education director and project specialist designed and produced a brochure (Appendix B);
- institute staff members prepared an instructional videotape about intervention and treatment in child sexual abuse;
- institute staff members wrote a manual pulling together the institute curriculum (Appendix A);
- the project director participated in case conferences and telephone consultations involving cases of child sexual abuse;
- executive committee members were interviewed by four newspapers, two television stations, and one radio station;
- the project director testified at a Texas Senate hearing on child pornography;
- articles about the institute appeared in national magazines, journals, and newsletters;
- New South Wales, Australia, requested and received information about the institute's curriculum; and
- in July 1985, project staff members, DHS, the Women's Center in Fort Worth, and the police academy planned and supported the 4th Annual Child Sexual Abuse Conference attended by 200 people.

## PROBLEMS

Problems encountered during the project's second year concerned primarily administrative and budgetary matters. When the project

director became an employee of TCJC, a question arose about whether he could continue to make consultative visits to areas outside the jurisdiction of the junior college. Since most of the organizations requesting these visits were outside the geographical district of TCJC, special permission had to be obtained from the school's administrator to allow the consultation to continue.

In January 1985, the education director resigned from his position at the institute. Until May 1985, volunteers coordinated institute training sessions. During this period ratings for the training sessions dropped, and it became apparent to executive committee members that the presence of a full-time education director was vital to the successful planning and direction of institute operations.

The structure of DHS's budgetary system differs from the system used by TCJC: fringe benefits and indirect cost are calculated differently. When these problems were identified, appropriate adjustments were made.

Perhaps the most significant problem to date has been the uncertainty over the amount of funds that will be available to continue the institute as a community resource. The coordinator at TCJC suggested that some of the pressure to find 100 percent funding for the project's third year might have been eliminated by a "descending matching grant" (e.g., first year--DHS 80 percent/TCJC 20 percent; second year--DHS 60 percent/TCJC 40 percent; and so on). Although various DHS regions have pledged funds to continue the institute through September 1986, funding source(s) still must be found to continue past that time.

Executive committee members are concerned about the high tuition costs ($175 per person). The committee fears that this amount will be prohibitive to some agencies and that the institute is in danger of becoming a place where only DHS employees will be trained. Such a change would erode the institute's concept of the community team approach.

## CONCLUSIONS AND RECOMMENDATIONS

The multidisciplinary institute project has met its objectives. Its curriculum was developed during the project's first year. With some minor changes, the curriculum was used throughout the project. As a result of good response to the training offered, it is anticipated that the institute will become self-supporting. A third year of operation is being planned. Already, 171 of the 300 training slots have been reserved.

The project has been nationally recognized for its approach to the education of professionals who intervene in cases of child sexual abuse. International inquiries about the institute's program were received in DHS's headquarters in Austin.

During the past two years, project staff learned a number of lessons that should be considered in setting up a similar project.

- The location of the training facility and its accessibility to major highways, hotels, and eating places are important. Also to be considered are the adequacy of parking facilities near the training site and the price of nearby lodging.

- Registration procedures should be carefully worked out to handle even a large number of requests efficiently and quickly. The procedures should include methods to receive registration requests, acknowledge and approve or deny requests, and to confirm attendance.

- A decision should be made about whether outreach workshops will be scheduled to inform interested municipalities and organizations about the purpose and availability of the institute. If outreach workshops are done, consideration should be given to the time they take before any staff member or board member is given that assignment.

- In the Texas project, graduates of the institute made many requests for follow-up consultations by the education director. Efficient methods and procedures should be established for handling such requests. The Texas institute found that follow-up consultations made heavy demands on the education director's time.

- Money matters, of course, are a consideration at every stage. Initially, if the funding source and the agency setting up the institute are separate entities, coordination of fiscal procedures needs attention. Later, the project's policymaking body needs to consider sources of future funding, their requirements, procedures, timeframes, and so forth.

- Throughout the project, the Texas institute staff found it necessary to promote and reemphasize the team approach concept.

## BACKGROUND

The number of identified cases of child sexual abuse in Texas has risen dramatically in recent years. During 1983, 6,079 victims of child sexual abuse were reported to the Texas Department of Human Services (DHS); in 1984, the figure was 8,703.

When the problem of sexual abuse is identified in a family, a number of community agencies become concerned with investigation, intervention, and treatment. Both child protective services and law enforcement agencies have a legal responsibility to investigate referrals. If criminal or civil court action is taken, the county and/or district attorney will be involved. Other agencies, such as probation departments, schools, medical facilities, and counseling/treatment agencies may be brought in. The resulting relationships can be complex; and problems may arise, such as lack of specialized training, lack of complete understanding of appropriate roles and responsibilities among the various agencies and professionals involved, and poor communication. Any of these problems can produce undesirable consequences for the child.

In January 1981, a study conducted by DHS at the request of the state legislature found that there was a serious need for specialized training for professionals who work with sexual abuse cases. The study recommended that an institute be established to train personnel from all professions involved in sexual abuse intervention. The Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project was an outgrowth of that recommendation.

In December 1983, the institute established by the project began providing one-week training sessions every month in the theory and practice of child sexual abuse intervention and treatment. The training was offered to professionals in all appropriate fields to increase the level of understanding and cooperation among the various professions. The training focused primarily on a team approach to child sexual abuse investigation, intervention, and treatment in order to improve coordination of activities, sharing of information, and mutual support among child sexual abuse professionals. Because the institute was so successful its first year--as evidenced by positive reactions of participants to the training and a demonstrated gain in knowledge about child sexual abuse--the project was funded for a second year of training sessions.

## EVALUATION QUESTIONS

The following questions were designed to structure the evaluation and to assess the impact of the project's training activities on the participants.

- Has the trainees' knowledge about child sexual abuse increased as a result of the training?
- What is the reaction of the trainees to the training curriculum?
- Have the attitudes and perceptions of the trainees (toward child sexual abuse identification, treatment, and intervention) changed as a result of the training?

## METHODOLOGY

The evaluation involved a pretest/posttest design for the knowledge acquisition component and a posttest-only design for the other components. Instruments for each component are discussed individually.

### KNOWLEDGE ACQUISITION

Knowledge acquisition was determined using two versions of a 20-item true/false instrument (see Appendix C). The project staff administered the instrument to each trainee at the beginning of the first day of training, and a different version of the instrument was administered at the end of the last day of training. Three months later another knowledge instrument (the same version as the pretest) was mailed to each participant in order to assess retention. Readministration of the pretest instrument at follow-up eliminated the necessity of a psychometrically equivalent alternative form.

### CURRICULUM EVALUATION

At the end of training, the project staff asked each participant to complete a questionnaire concerning reactions to the curriculum (see Appendix D). The questionnaire was used to assess attitudes toward content, instructor performance, and course structure. The instrument has Likert-type items and also space for general comments.

## ACTIVITIES AND ATTITUDES

Three months after training, all participants received a questionnaire concerning their activities and attitudes in the areas of child sexual abuse identification, intervention, and treatment (see Appendix E). They were asked to respond twice to each question, once to reflect their current situation (after training) and again to indicate their attitudes and activities before training. This procedure, called retrospective pretesting, allows comparisons between present conditions and those before training. The method has been shown to produce very accurate data in this kind of training situation, even more accurate than an actual pretest.

## RESULTS

The evaluation examined three questions and also assessed the project's overall effect on casework.

## TRAINEES' KNOWLEDGE

The first evaluation question concerned whether the trainees' knowledge about child sexual abuse increased as a result of training. Knowledge acquisition data were available for 268 participants from 12 workshops that were presented March 1984 through March 1985.

For this group the mean score on the pretest was 15.9. On the posttest the mean score was 18.0. This 2.1 point difference was found to be statistically significant using a t-test. The mean on the follow-up questionnaire was 17.1. The difference between the pretest and follow-up means was also found to be statistically significant. Therefore, it appears that the trainees gained significantly in knowledge and retained this knowledge over a period of time.

## REACTIONS TO CURRICULUM

The second question concerned the reaction of the trainees to the training curriculum. At the end of the training sessions trainees were asked to rate various aspects of the training on a 5-point scale, with 5 = strongly agree and 1 = strongly disagree. Participants were also asked to give an overall rating of the course, with 7 = excellent and 1 = poor.

The trainees viewed the course instructors as being considerate and courteous (average score = 4.8), encouraging class participation (4.8), using visual aids effectively (4.4), and presenting helpful handout materials (4.5). Interaction with other students was seen as being valuable (4.6). Trainees felt that the course had inspired them to do further study in the area (4.4) and would positively affect their case handling in the future (4.6).

Overall, trainees rated the course very highly (6.5). Comments also were very positive. Many trainees remarked on how well organized, informative, and useful the course was and felt strongly that others working in the area of child sexual abuse should receive the training. Taken collectively, the data indicate that trainees had a very positive reaction to the training curriculum.

## ATTITUDES AND PERCEPTION

The last evaluation question concerned whether the attitudes and perceptions of the trainees toward child sexual abuse identification, treatment, and intervention changed as a result of training. Trainees reported a significant increase in their perception of the importance of multidisciplinary teamwork. They felt better informed as to the roles of other professionals that handle child sexual abuse cases. They reported feeling more comfortable working with child molesters, victims, and mothers of incest victims. Trainees felt that the training had significantly increased their skill in handling cases, and they more strongly supported the view that cases of incest should be referred to treatment agencies. They viewed plea bargaining as significantly more helpful than they did before training. An adequate understanding of human sexuality was perceived as being significantly more important to case handling, and trainees' efforts to coordinate and communicate with the referring party were strengthened. Trainees felt that training had significantly increased their knowledge of how other professionals in their immediate area were prepared to serve clients in sexual abuse cases. On all these differences, *t*-tests were performed, and the results were statistically significant.

In summary, the evidence strongly suggests that the institute's training had a strong positive impact on the trainees' attitudes and perceptions about child sexual abuse identification, treatment, and intervention.

## IMPACT ON CASEWORK

Participants were asked to report the number of offenders, victims, and mothers of victims they saw during the month before and the third month after training. Additionally, they were asked to report the number of referrals made, training sessions presented, and cases validated (police/CPS only). Trainees reported seeing significantly more victims of child sexual abuse, offenders, and mothers of victims after training. Also, trainees reported making significantly more referrals for treatment after training. When pretest and posttest data were compared, no significant difference was found in the number of training sessions/presentations made on child sexual abuse. For police and child protective services workers there was no difference in the number of cases of child sexual abuse validated/filed.

## LIMITATIONS

The evaluation results are subject to several limitations. The fact that there is no control or comparison group for the knowledge acquisition component means that any changes may not necessarily be attributable to the training. It should also be noted that on the activities and attitudes components, respondents were recalling their situation before training. To the extent that they can recall accurately, the data will be valid. While this limitation may appear substantial, research on the technique suggests that recall is highly accurate.

The evaluation is also limited by the exclusion of substantive impact measures such as number and quality of interagency contacts, number of indictments and convictions of sexual offenders, and referrals to agencies that provide services to victims of sexual abuse. The evaluation and project staff jointly agreed that while those measures are important, the project has been operating for too short a time to have substantive impact on such measures during the time frame of the evaluation.

APPENDIX A

Curriculum of the Institute

# MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE INTERVENTION AND TREATMENT PROGRAM

## CURRICULUM

May, 1985

**TARRANT COUNTY JUNIOR COLLEGE**
**REGIONAL POLICE ACADEMY**
**NORTHEAST CAMPUS P.O. Box 18887, Fort Worth, TX. 76118**
**Telephone (817) 656-6693 or (817) 281-7860 ext. 362/363**

The Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Program, funded by P.L. 93-247 Grant Award #06C23/09, is a multidisciplinary team effort developed to train professionals to work more effectively with child sexual abusive families. The following professionals were instrumental in developing the MICSAIT curriculum:

Jeannie Boatler, PhD
Jean Hudson Boyd, BA, JD
John Brogden, MSSW, CSW, ACP
Steve Chaney, BBA, JD
Ann Clark, MSW, CSW
Nancy DeWees, MSSW, CSW
Wayne Duehn, PhD
Barney Hisanaga, MSSW, CSW
Loretta McCarty, MSSW, CSW
David Montague, JD

MICSAIT was developed in cooperation with the Texas Department of Human Resources and the Regional Police Academy, Tarrant County Junior College District. In September, 1983, the MICSAIT Program was initiated and a Coordinator brought on staff. The instructors listed above provided the material for the curriculum, which has been laid-out in the format currently used by the Texas Commission on Law Enforcement Officer Standards and Education. The format outlines only performance objectives and resource materials. Those persons planning to use the material must develop their own lesson plans and presentation procedures.


*An Equal Opportunity Employer*

THE MATERIAL IN THE CURRICULUM IS DEVELOPED BY PROFESSIONALS, AND MUST BE TAUGHT BY PROFESSIONALS SPECIALIZING IN THE AREA OF CHILD SEXUAL ABUSE. THE MATERIAL SHOULD BE PRESENTED IN A CLASSROOM TRAINING ENVIRONMENT, NOT IN A SEMINAR FORMAT. Inquiries about curriculum should be made to the Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Program, Regional Police Academy, Tarrant County Junior College District. Referrals to specialized resources are available.**

Special recognition is attributed to John Brogden, TDHR, initial Educational Coordinator; David Cory, TDHR, Program Director; Nancy DeWees, TDHR, Program Director; and Loretta McCarty, TDHR, Program Director; for their work in originating and implementing the concept of the institute.

The enclosed curriculum was compiled by Patricia Cox, BSW, intern graduate student, under the direction of Steve Otto, BA, MA Ed, Coordinator, Regional Police Academy, Tarrant County Junior College District.

**Regional Police Academy, P. O. Box 18887, Fort Worth, TX 76118
(817) 656-6693

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# I. BASIC TRAINING CURRICULUM

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INTERVENTION AND TREATMENT PROGRAM
REGIONAL POLICE ACADEMY

# INSTRUCTOR'S GUIDE

## SUBJECT

Overview of Child Sexual Abuse

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1½ HOURS

## OBJECTIVES

- Facts about Child Sexual Abuse
- Introduction to Sexual Abuse Indicators

## REFERENCES

- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.
- Handout by Ann Clark, TDHR, in MICSAIT booklet

## INSTRUCTIONS

Instructor needs to be knowledgeable of child sexual abuse symptoms.

## OVERVIEW OF CHILD SEXUAL ABUSE

### FACTS ABOUT CHILD SEXUAL ABUSE

1. Mostly Female Victims
2. Mostly Male Perpetrators
3. Perpetrator is generally known by the child
4. Crime is Characterized by Low Physical Trauma
5. Multidisciplinary Involvement

### INTRODUCTION TO SEXUAL ABUSE INDICATORS

1. Videotape of Victim
2. Film, "Incest, the Victim Nobody Believes"
3. Student Observations

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## INSTRUCTOR'S GUIDE

### SUBJECT

Family Dynamics in Incest Cases

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1½ HOURS

### OBJECTIVES

- Spectrum of Sexually Abusive Behaviors
- Dynamics of Sexual Abuse

### REFERENCES

- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

### INSTRUCTIONS

Instructor must be descriptive concerning abusive behaviors and desensitize students to sexually explicit common terminology.

# FAMILY DYNAMICS IN INCEST CASES

## SPECTRUM OF SEXUALLY ABUSIVE BEHAVIORS

1. Medical and "Street" Terminology
2. Presentation of Abusive Behaviors

## DYNAMICS OF SEXUAL ABUSE

1. Videotape of Abusive Male
   - A. Engagement Phase
     - a. Access and Opportunity
     - b. Relationship of Participants
     - c. Inducements
   - B. Sexual Interaction Phase
   - C. Secrecy Phase
   - D. Disclosure Phase
     - a. Accidental Disclosure (Crisis Intervention)
     - b. Purposeful Disclosure (Planned Intervention)
   - E. Suppression Phase

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## INSTRUCTOR'S GUIDE

### SUBJECT

Human Sexuality Concerns in Child Sexual Abuse Cases

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 3 HOURS

### OBJECTIVES

- Acquire an understanding of the dynamics of incest as a process
- Become sensitive to the diverse potentially direct and indirect indicators of sexual abuse
- Become sensitive to worker's bias as they impact on family engagement and other negative effects of intervention
- Confront and deal with personal feelings brought forth by the sexually abusing situation
- Achieve greater comfort with one's own sexuality and to increase interpersonal skills for dealing with sexual issues
- Increase overall therapeutic effectiveness

### REFERENCES

- Sexual Assault of Children and Adolescents, by Groth and Sgroi.
- Conspiracy of Silence: The Trauma of Incest, by S. Butler.
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

### INSTRUCTIONS

Instructor must be a professional experienced in working with the sexual concerns of an abusing family.

## HUMAN SEXUALITY CONCERNS IN CHILD SEXUAL ABUSE CASES

**ACQUIRE AN UNDERSTANDING OF THE DYNAMICS OF INCEST AS A PROCESS**

1. Social
2. Psychological
3. Interpersonal

**BECOME SENSITIVE TO THE DIVERSE POTENTIALLY DIRECT AND INDIRECT INDICATORS OF SEXUAL ABUSE**

1. Investigation
2. Treatment
3. Follow-up phases

**BECOME SENSITIVE TO WORKER'S BIAS AS THEY IMPACT ON FAMILY ENGAGEMENT AND INTERVENTION**

1. Personal
2. Theoretical
3. Clinical judgements
4. Labels, etc.

**CONFRONT AND DEAL WITH PERSONAL FEELINGS BROUGHT FORTH BY THE SEXUALLY ABUSING SITUATION**

**ACHIEVE GREATER COMFORT WITH ONE'S OWN SEXUALITY AND TO INCREASE INTERPERSONAL SKILLS FOR DEALING WITH SEXUAL ISSUES**

**INCREASE OVERALL THERAPEUTIC EFFECTIVENESS**

1. Self control techniques
2. Decrease personal anxiety over listening to sexual accounts

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## INSTRUCTOR'S GUIDE

### SUBJECT

Investigation Strategies in Child Sexual Abuse Cases

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1 HOUR

### OBJECTIVES

- Coordination of Investigation
- Persons Involved
- Child Protection Assessment Staffing
- Treatment Evaluation and Referrals
- Case Staffing and Planning
- Follow-up and Evaluation

### REFERENCES

- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.
- Texas Family Code
- Texas Penal Code
- Texas Code of Criminal Procedure

### INSTRUCTIONS

Instructor should be experienced in investigation proceedings and be either from the law enforcement sector, or a child protective services professional.

## INVESTIGATION STRATEGIES IN CHILD SEXUAL ABUSE CASES

COORDINATION OF INVESTIGATION

1. Reporting Source
2. Law Enforcement
3. Child Protective Services

PERSONS INVOLVED

1. Child
2. Siblings, Significant Others, Witnesses
3. Non-Offending Parent(s)/Guardian
4. Offender

CHILD PROTECTION ASSESSMENT STAFFING

TREATMENT EVALUATION AND REFERRALS

CASE STAFFING AND PLANNING

FOLLOW-UP AND EVALUATION

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## INSTRUCTOR'S GUIDE

### SUBJECT

Interviewing the Child Victim

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 3½ HOURS

### OBJECTIVES

- Preparation
- Equipment and Setting
- Establish Rapport
- The Interview

### REFERENCES


- Teach-A-Bodies, June Harnest, 1983.
- "The Play Technique: Diagnosing the Sexually Abused Child", The Physician, August, 1984, by Ann Clark and Jane Bingham.
- "Sexual Abuse Indicators", Handout by Ann Clark.
- Sexual Abuse of Children: Selected Readings, WS Department of Health and Human Services, Publications No. OHDS78-30161.
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.
- Child Development and Personality, Mussen, Conger, Kagan.
- Law Enforcement Technology, "Videotaping, CCTV Help Child Abuse Victims Tell Their Story, But Legal Problems Remain".


### INSTRUCTIONS

Instructor needs to be a professional experienced and trained in interviewing child sexual abuse victims. Videotapes and anatomically-correct dolls are helpful to demonstrate the techniques.

# INTERVIEWING THE VICTIM

## PREPARATION

1. Referral
2. Complainant
3. Arrange for in-office interview

## EQUIPMENT AND SETTING

1. Near office
2. Neutral setting

## ESTABLISH RAPPORT

1. No pre-interview
2. Diffuse formality
3. Explain equipment
4. Child's level
5. Props

## THE INTERVIEW

1. Eight elements
2. Basic tenets
3. Ages and stages
4. Questioning

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## INSTRUCTOR'S GUIDE

## SUBJECT

Interviewing the Offender

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 3 HOURS

## OBJECTIVES

- To acquire knowledge of the requisites in the rehabilitation of the sexual perpetrator
- Develop investigative and assertive interviewing skills in data collection procedures
- Gain knowledge of child sexual victimization and the typologies of offenders
- Develop guidelines in interviewing the perpetrator
- Develop skills in tying assessments of family interrelationships to specific interventive strategies

## REFERENCES

- Sexual Assault of Children and Adolescents, by Groth and Sgroi.
- Men Who Rape: A Psychology of the Offender, by Groth and Birmbaum.
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

## INSTRUCTIONS

Instructor should be a professional trained and experienced in interviewing child sexual abuse offenders.

## INTERVIEWING THE OFFENDER

**TO ACQUIRE KNOWLEDGE OF THE REQUISITES IN THE REHABILITATION OF THE SEXUAL PERPETRATOR**

1. Identification
2. Disposition
3. Evaluation
4. Recidivism

**DEVELOP INVESTIGATIVE AND ASSERTIVE INTERVIEWING SKILLS IN DATA COLLECTION PROCEDURES**

1. Victim
2. Parent
3. Perpetrator

**GAIN KNOWLEDGE OF CHILD SEXUAL VICTIMIZATION AND THE TYPOLOGIES OF OFFENDERS**

**DEVELOP GUIDELINES IN INTERVIEWING THE PERPETRATOR**

**DEVELOP SKILLS IN TYING ASSESSMENTS OF FAMILY INTERRELATIONSHIPS TO SPECIFIC INTERVENTIVE STRATEGIES**

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## INSTRUCTOR'S GUIDE

## SUBJECT

Dynamics and Typology of the Offender

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 3½ HOURS

## OBJECTIVES

- Definitions
- Typology
- Ethiology of Sexual Desire
- Rationale for Treatment
- Treatment Modalities
- Treatment Goals

## REFERENCES

- Sexual Dynamics of Anti-Social Behavior, ed. by L. B. Schleisinger, Revitch. Springfield: Thomas, 1983.

- The Sexual Aggressor, "Sex Offenders: A Bio-Medical Perspective and a Status Report on Bio-Medical Treatment", by Fred S. Berlin, ed. by Joanne Greer and Irving Stuart. New York: Van Nostrand and Reinhold, 1983. pp. 83-126

## INSTRUCTIONS

The instructor must be knowledgeable concerning the dynamics and typology of the offender and treatment intervention.

## DYNAMICS AND TYPOLOGY OF THE OFFENDER

**DEFINITIONS**

1. Myths and Realities
2. Demographics
3. Pedophilia, Pedophile, Hebephile, Ephebophile

**TYPOLOGY**

1. DSM III Paraphilia
2. Berlin's Classification
3. Groth's Classification

**ETHIOLOGY OF SEXUAL DESIRE**

1. Experiential
2. Biological

**RATIONALE FOR TREATMENT**

1. Medico-legal Issues

**ASSESSMENT FOR TREATMENT**

1. Legal Definition
2. Social History
3. Attitudes
4. Recidivism

**TREATMENT MODALITIES**

**TREATMENT GOALS**

1. Impact on Victim Treatment
2. Impact on Research

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## INSTRUCTOR'S GUIDE

### SUBJECT

Dynamics and Intervention with the Mother of the Victim

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 2 HOURS

### OBJECTIVES

- Engaging the Mother in Intervention
- Impediments to Intervention with Mother
- Mother's Predicament
- Role Mothers have in Enabling Abuse
- Intervention Strategies
- Intervention through Treatment
- Education Component

### REFERENCES

- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

### INSTRUCTIONS

Instructor needs knowledge of how to work with the Mother of a Child Sexual Abuse Victim.

## DYNAMICS AND INTERVENTION WITH THE MOTHER OF THE VICTIM

### ENGAGING THE MOTHER IN INTERVENTION

1. Mother as key to protection of victim
2. Mother as key to prosecution of offender
3. Mother as key to treatment of family

### IMPEDIMENTS TO INTERVENTION WITH MOTHER

1. Contempt for mother of victim
2. Failure to recognize importance of mothers to all children

### MOTHER'S PREDICAMENT

1. Conflict in primary values
2. Continuum of knowledge
3. Response to intervention
4. Childhood of mother
5. Marital relationship with offender

### ROLE MOTHERS HAVE IN ENABLING ABUSE

1. Unrealistic view of family and marriage
2. Desire to revert to childhood they never had
3. Failure to model self-protective behavior
4. Psychologically absent from victim (and offender?)
5. Tolerance of dysfunctional marital/family relationship

DYNAMICS AND INTERVENTION WITH THE MOTHER OF THE VICTIM con't.

INTERVENTION STRATEGIES

1. Initial intervention
2. Marital decision
3. Gain mother's support for prosecution
4. Gain mother's support for treatment
5. Dealing with denying offenders

INTERVENTION THROUGH TREATMENT

1. Group treatment
2. Crisis group
3. Treatment techniques

EDUCATION COMPONENT

1. Large group education
2. Groth's chart of regressed vs. fixated offender
3. Film: "Incest: The Victim Nobody Believes"
4. Excuses offenders use

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## INSTRUCTOR'S GUIDE

### SUBJECT

Child Protection Assessment

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1 HOUR

### OBJECTIVES

- Knowledge of Legal Base
- Awareness of Alternatives for Child Protection
- Knowledge of Considerations in Selecting Appropriate Alternatives

### REFERENCES

- Texas Family Code
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.
- Father/Daughter Incest, by Judith Hermann

### INSTRUCTIONS

Instructor should be a child protective services professional with experience and training in handling child sexual abuse cases.

## CHILD PROTECTION ASSESSMENT

### REMOVAL OF CHILDREN

1. Legal base
2. Statistics
3. Reasons to avoid removal

### CONSIDERATIONS IN REMOVAL/ NON-REMOVAL DECISION

1. Child's fear
2. Presence of capable ally in home (non-offending parent)
3. Admission by offender
4. Ability to separate victim(s) and offender
5. Nature/duration of sexual abuse

### ALTERNATIVES TO REMOVAL

1. Offender moves out
2. Victim and family move away from offender
3. Relatives

### GROUP EXERCISE AND DISCUSSION

Case examples about which to make decisions

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## INSTRUCTOR'S GUIDE

### SUBJECT

Criminal Court Intervention

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1½ HOURS

### OBJECTIVES

- Improve understanding of problems confronted in criminal prosecution of child-victim cases.
- Teach methods of making a strong case for criminal prosecution.
- Encourage inter-agency cooperation and communication.
- Provide information on law and procedures involved in sexual abuse of children cases with special emphasis on new law providing for use of videotapes.

### REFERENCES

- Texas Penal Code
- Texas Code of Criminal Procedure

### INSTRUCTIONS

Instructor should be a District Attorney who handles Criminal Court child sexual abuse cases.

# CRIMINAL COURT INTERVENTION

## INTRODUCTION

1. Fundamental Goal-Protect Children
2. Improving Inter-agency cooperation
3. Plea Bargaining

## PENAL STATUTES

1. Sexual Assault Child
2. Aggravated Sexual Assault
3. Other Sexual Offenses
4. Special Statutes

## STRATEGIES AND TACTICS IN CASE PREPARATION

1. The Child as Key Witness
2. Sharing of Information
3. "Failure to Report" Charge
4. Evidentiary Issues

## VIDEOTAPES

1. History of Texas Videotape Statute
2. Do's and Don'ts of Making Videos
3. The Video Statute

## TRENDS OF FUTURE

1. Use of Psychological Testimony
2. Child's Outcry as Hearsay Exception
3. Eliminate Oath for Child Witnesses

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## INSTRUCTOR'S GUIDE

### SUBJECT

Civil Court Intervention

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 2 HOURS

### OBJECTIVES

- Investigation of Child Abuse Referral
- Removal of Children From Their Home-Legal Requirements
- Videotape Testimony of Children-Texas Family Code
- Chapter 71 Texas Family Code - Protective Orders
- Admissability of Evidence During A Civil Legal Proceeding
- Termination of Parental Rights Pursuant to Section 15.02 - Texas Family Code
- Preparing to Testify as a Witness in a Termination Trial

### REFERENCES

- Texas Family Code
- Texas Rules of Evidence
- Texas Case Law

### INSTRUCTIONS

Instructor should be an attorney that handles Civil Law child sexual abuse cases.

## CIVIL COURT INTERVENTION

**INVESTIGATION OF CHILD ABUSE REFERRAL**

1. Requirements of the Texas Family Code
2. Court Orders for Investigation
3. Confidentiality

**REMOVAL OF CHILDREN FROM THEIR HOME**

1. Removal Pursuant to Texas Family Code Section 17.02
2. Removal Pursuant to Texas Family Code Section 17.03
3. Show Cause Hearing
4. Voluntary Placement Agreements
5. Adversary Hearing, Chapter 17 of the Texas Family Code

**VIDEOTAPE TESTIMONY OF CHILDREN**

1. Section 11.21, Texas Family Code

**CHAPTER 71 TEXAS FAMILY CODE - PROTECTIVE ORDERS**

**ADMISSABILITY OF EVIDENCE DURING A CIVIL LEGAL PROCEEDING**

1. Hearsay Testimony
2. Mental Health Records
3. Medical Records
4. Polygraph Examinations

**TERMINATION OF PARENTAL RIGHTS PURSUANT TO SECTION 15.02, TEXAS FAMILY CODE**

1. Legal Requirements to Terminate Parental Rights
2. Preparing a Termination Case for Trail
3. Trial Notebooks

**PREPARING TO TESTIFY AS A WITNESS IN A TERMINATION TRIAL**

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## INSTRUCTOR'S GUIDE

## SUBJECT

Treatment Referrals and Modalities

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 2 HOURS

## OBJECTIVES

- TDHR Referral to Community Treatment Agency
- Definition of Treatment & Therapy
- Coordination of Treatment
- Determination of Treatment Modalities
- PGC Treatment Methods
- Experiential Data on Perpetrator and Victim Groups
- Reuniting Family

## REFERENCES

- Incest: A Treatment Manual for Therapy with Victims, Spouses, and Offenders, by Adele Meyer
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

## INSTRUCTIONS

Instructor needs to be versed in treatment modalities related to child sexual abuse, and have a comprehensive knowledge of TDHR referrals to community agencies and how to coordinate treatment when several agencies are working with one family system.

## TREATMENT REFERRALS AND MODALITIES

| | |
|---|---|
| TDHR REFERRAL TO COMMUNITY TREATMENT AGENCY | 1. Discussion of how the referral takes place |
| DEFINITION OF TREATMENT & THERAPY | |
| COORDINATION OF TREATMENT | 1. Referral of Services<br>2. Collaboration between TDHR caseworker and PGC therapist |
| DETERMINATION OF TREATMENT MODALITIES | 1. Individual, conjoint, group, family |
| PGC TREATMENT METHODS | |
| EXPERIENTIAL DATA ON PERPETRATOR AND VICTIM GROUPS | 1. Perpetrator's Group<br>2. Latency-age Females Group |
| REUNITING FAMILY | 1. When<br>2. How<br>3. Under What Circumstances |

MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE
INTERVENTION AND TREATMENT PROGRAM
REGIONAL POLICE ACADEMY

## INSTRUCTOR'S GUIDE

### SUBJECT

Community Organization to Combat Child Sexual Abuse

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 1 HOUR

### OBJECTIVES

- Public Awareness
- Inter-Agency Coordination
- Intra-Agency Coordination
- Trained Professionals
- Trained Volunteers
- Services
- Prevention

### REFERENCES

- Project Against Sexual Abuse of Appalachian Children
- Rosensenzweig, Janet - Personal Experience
- Brogden, John - Personal Experience

### INSTRUCTIONS

Instructor needs to be a professional with experience working with community systems in relation to child sexual abuse programs.

## COMMUNITY ORGANIZATION TO COMBAT CHILD SEXUAL ABUSE

| | |
|---|---|
| PUBLIC AWARENESS | 1. Television<br>2. Radio<br>3. Public Service Announcements<br>4. Newsprint |
| INTER-AGENCY COORDINATION | 1. Committees, Councils<br>2. Protocol, Policy |
| INTRA-AGENCY COORDINATION | 1. Line staff<br>2. Policies, referrals, working relationships |
| TRAINED PROFESSIONALS | 1. In-Service Training<br>2. Pre-Service Training |
| TRAINED VOLUNTEERS | 1. In-Service Training<br>2. Pre-Service Training |
| SERVICES | 1. Specialization<br>2. Comprehensive |
| PREVENTION | 1. Prevent Victimization<br>2. Reduce risk to high-risk population<br>3. Prevent low-risk population from becoming victimized, or becoming high-risk population |

# II. ADVANCED TRAINING CURRICULUM

The Advanced Training curriculum is an outgrowth of the Basic Training Program, developed at the request of former students. Advanced Training is a more in-depth view in specialized areas of child sexual abuse. The following professionals were instrumental in developing the Advanced Training MICSAIT curriculum:

John Brogden, MSSW, CSW, ACP
Capt. Richard Clark, AAS - Graduate,
FBI National Academy
Euless, Texas, Police Department
Charles E. Gentry, ACSW, IPSW

MULTIDISCIPLINARY INSTITUTE F.' CHILD SEXUAL ABUSE
INTERVENTION AND TREATMENT PROGRAM
REGIONAL POLICE ACADEMY

## INSTRUCTOR'S GUIDE

### SUBJECT

Specific Treatment Approaches with the Child Victim

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 16 HOURS

### OBJECTIVES

- Review child interview techniques
- Learn critical issues for sexually abused children
- Learn case assessment
- Development of treatment plan
- Therapy and the sexually abused child
- Strengthening relationships
- Assessing progress on treatment objectives
- Protecting victim from revictimization
- Sex abuse treatment
- Therapist's role in court
- Desirable treatment outcomes
- When the abuser is incarcerated
- Prognosis of the child victim
- Giving oneself permission to assume appropriate roles
- Learning about the victimization of children

### REFERENCES


- "Treatment of Children in Spouse Abusive Families", Victimology: An International Journal, Vol. 5, 1980. by Charles Gentry and Virginia Bass Eaddy.
- "Play with a Purpose", American Public Welfare, Winter 1981, by Eaddy and Gentry.


### INSTRUCTIONS

Instructor should be a professional, experienced in working with child sexual abuse victims.

SPECIFIC TREATMENT APPROACHES WITH THE CHILD VICTIM

REVIEW CHILD INTERVIEW TECHNIQUES

CRITICAL ISSUES FOR SEXUALLY ABUSED CHILDREN

CASE ASSESSMENT

DEVELOPMENT OF TREATMENT PLAN

1. Setting objectives
2. Child advocacy
3. Working with the interdisciplinary team
4. Can groups help?
5. Family involvement
6. Coming to resolution with the trauma
7. Multidisciplinary exercise

DOES EVERY CHILD NEED THERAPY?

STRENGTHENING RELATIONSHIPS

1. Mother/daughter
2. Siblings
3. Other family issues

ASSESSING PROGRESS ON TREATMENT OBJECTIVES

PROTECTING VICTIM FROM REVICTIMIZATION

1. Protection of the child
2. Can we admit it to ourselves when the child is revictimized?

SEX ABUSE TREATMENT

1. Extrafamilial vs. intrafamilial
2. Same sex vs. opposite sex requirements
3. Who can do best treatment
4. Which modalities and treatment techniques
5. Variations based on child's age and sex
6. Appropriateness of therapist touching a sexually abused child
7. Multidisciplinary team or review team assistance

THERAPIST'S ROLE IN COURT

DESIRABLE TREATMENT OUTCOMES

1. Child's feeling empowered, etc.

WHEN THE ABUSER IS INCARCERATED

PROGNOSIS OF THE CHILD VICTIM

1. Homosexual
2. Heterosexual
3. Promiscuous
4. Rapist, etc.

GIVING ONESELF PERMISSION TO ASSUME APPROPRIATE ROLES

1. Approval
2. Encouragement
3. Assertion of oneself

LEARNING ABOUT THE VICTIMIZATION OF CHILDREN

1. A warning to therapists
2. Is sexual abuse more damaging than physical abuse?

KEEPING IT ALL IN PERSPECTIVE
A SUMMARY

MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE
INTERVENTION AND TREATMENT PROGRAM
REGIONAL POLICE ACADEMY

## INSTRUCTOR'S GUIDE

## SUBJECT

Interviewing and Interrogation of Child Sexual Abuse Offenders

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 20 HOURS

## OBJECTIVES

- How to conduct interviews and interrogation of child sexual abuse offenders
- Understanding motivation of offenders

## REFERENCES

- The Gentle Art of Interviewing and Interrogation, by Robert Royal and Steve Chutt.
- Men Who Rape, by Nicholas Groth.

## INSTRUCTIONS

This class should be taught by co-instructors from the law enforcement sector and child protective services profession, trained and experienced in interviewing and interrogating the offender.

## INTERVIEWING AND INTERROGATION OF CHILD SEXUAL ABUSE OFFENDERS

### HOW TO CONDUCT INTERVIEWS AND INTERROGATION OF CHILD SEXUAL ABUSE OFFENDERS

1. Setting for interview and interrogation
2. Conducting the interview
3. Conducting the interrogation

### UNDERSTANDING MOTIVATION OF OFFENDERS

1. Sadism
2. Anger
3. Power/Control
4. Unmet dependency needs

MULTIDISCIPLINARY INSTITUTE FOR CHILD SEXUAL ABUSE
INTERVENTION AND TREATMENT PROGRAM
REGIONAL POLICE ACADEMY

## INSTRUCTOR'S GUIDE

### SUBJECT

Family Assessment: Long Term Case Management and Evaluation in Child Sexual Abuse Cases

MINIMAL INSTRUCTION TIME ON THIS SUBJECT: 20 HOURS

### OBJECTIVES

- To become sensitive to the diverse potentially direct and indirect indicators of sexual abuse.
- To develop skills in tying assessments of family interrelationships to specific interventive strategies.
- To develop skills in contracting and in setting specific and identifiable interventive objectives.
- To acquire skill in formulating comprehensive treatment programs based on broadly based behavioral assessments.
- To acquire skill in selecting and application of a variety of interventive modalities and techniques.
- To acquire knowledge of the requisites in the assessment and rehabilitation of the sexual perpetrator.
- To become sensitive to worker's bias as they impact on family engagement and other secondary negative effects of intervention.
- To confront and deal with personal feelings brought forth by the sexually abusing situation.
- To achieve greater comfort with one's own sexuality and to increase interpersonal skills for dealing with sexual issues
- To develop self control techniques while listening to sexual accounts.

### REFERENCES

- Sexual Assault of Children and Adolescents, by Groth and Sgroi.
- Conspiracy of Silence: The Trauma of Incest, by S. Butler.
- Handbook of Clinical Intervention in Child Sexual Abuse, by Suzanne Sgroi, M.D.

### INSTRUCTIONS

Instructor must be a professional experienced in working with the sexual concerns of an abusing family.

FAMILY ASSESSMENT: LONG TERM CASE MANAGEMENT AND EVALUATION IN CHILD SEXUAL ABUSE CASES

BECOME SENSITIVE TO THE DIVERSE POTENTIALLY DIRECT AND INDIRECT INDICATORS OF SEXUAL ABUSE

1. Investigation
2. Treatment
3. Follow-up phases

DEVELOP SKILLS IN TYING ASSESSMENTS OF FAMILY INTERRELATIONSHIPS TO SPECIFIC INTERVENTIVE STRATEGIES

DEVELOP SKILLS IN CONTRACTING AND SETTING SPECIFIC AND IDENTIFIABLE INTERVENTIVE OBJECTIVES

ACQUIRE SKILL IN FORMULATING COMPREHENSIVE TREATMENT PROGRAMS BASED ON BROADLY BASED BEHAVIORAL ASSESSMENTS

ACQUIRE SKILL IN SELECTING AND APPLICATION OF A VARIETY OF INTERVENTIVE MODALITIES AND TECHNIQUES

ACQUIRE KNOWLEDGE OF THE REQUISITES IN IN THE ASSESSMENT AND REHABILITATION OF THE SEXUAL PERPETRATOR

BECOME SENSITIVE TO WORKER'S BIAS AS THEY IMPACT ON FAMILY ENGAGEMENT AND INTERVENTION

1. Personal
2. Theoretical
3. Clinical judgements
4. Labels, etc.

CONFRONT AND DEAL WITH PERSONAL FEELINGS BROUGHT FORTH BY THE SEXUALLY ABUSING SITUATION

FAMILY ASSESSMENT: LONG TERM CASE MANAGEMENT AND EVALUATION IN CHILD SEXUAL ABUSE CASES Con't.

ACHIEVE GREATER COMFORT WITH ONE'S OWN SEXUALITY AND TO INCREASE INTERPERSONAL SKILLS FOR DEALING WITH SEXUAL ISSUES

DEVELOP SELF CONTROL TECHNIQUES WHILE LISTENING TO SEXUAL ACCOUNTS

1. Decrease personal anxiety
2. Increase overall therapeutic effectiveness

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APPENDIX B

Brochure on the Institute

## Registration Form

**Detach and mail to:**

**Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment**
**Regional Police Academy**
**Tarrant County Junior College District, Northeast Campus**
**P.O. Box 18887**
**Fort Worth, Texas 76118**

**Name:** _____

**Address:** _____

**City:** _____

**State:** _____ **ZIP:** _____

**Office Phone: (  )** _____

**Home Phone: (  )** _____

**I wish to attend the training session scheduled for:**

**1st choice** _____

**2nd choice** _____

**Attendance is not assured until confirmation is received.**

## Registration

Because demand for training has been so great, registrations must be received at least 60 days prior to scheduled training sessions. Community teams are encouraged to attend the same institute session.

## Fees

A materials fee of $20 is required for people from DHR Regions 4 and 5. A $100 fee is required for people outside the two regions.

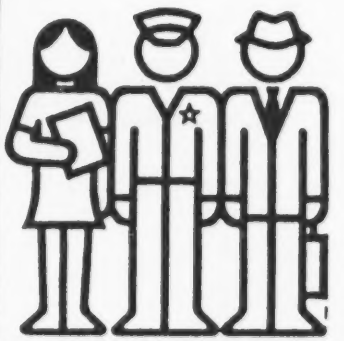
Fees are payable on the first day of the training session. Students are responsible for arranging payment.

## Lodging

Special rates are available at the La Quinta Inn at Airport Freeway and Industrial Drive.

**Funded by State Grant**
**P.L. 93-247**

# Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment



**Texas Department of Human Resources**



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## About the Institute

The Texas Department of Human Resources Regions 4 and 5 combined efforts to create the Multidisciplinary Institute for Child Sexual Abuse Intervention and Treatment Project in September 1983. The institute was established to provide training opportunities for people from all professions involved in child sexual abuse intervention.

Training sessions are held on the Northeast Campus of the Tarrant County Junior College in Fort Worth. Each training session lasts five days.

## Training Focus

The institute provides intensive training in the theory and practice of sexual abuse intervention and treatment. The training is offered to professionals in all fields involved in remedying this problem and is intended to increase understanding and cooperation among the various professions. The primary focus of training is the team approach to sexual abuse investigation, intervention, and treatment. The institute also offers ongoing consultation to communities and professionals in conjunction with training activities.

## Training Topics

- Overview of child sexual abuse
- Family dynamics in incest cases
- Human sexuality concerns in the intervention and treatment of sexual abuse
- Dynamics and typology of the offender
- Dynamics of the child victim
- Dynamics of the non-offending spouse
- Investigation and interviewing approaches in cases of sexual abuse
- The role of criminal court
- The role of civil court
- Case preparation for court proceedings
- The role of probation and parole
- Treatment referrals
- Treatment modalities
- Community team exercises

## Schedule

The institute training schedule for fiscal year 1985 is:

Oct. 1–5, 1984
Nov. 12–16, 1984
Dec. 3–7, 1984
Jan. 7–11, 1985
Feb. 4–8, 1985
March 11–15, 1985
April 8–12, 1985
May 6–10, 1985
June 3–7, 1985
July 8–12, 1985

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## Future Training

Three specialized workshops will be offered in Spring 1985. For more information write the Multidisciplinary Institute for Child Abuse Intervention and Treatment.

## Credits

Continuing education credits will be available to all institute students. Social work certification and Texas Commission on Law Enforcement Officer Standards and Education approval has been granted.

## Training Site

**Tarrant County Junior College**
**Northeast Campus**
**Regional Police Academy**
**828 Harwood Road**
**Hurst, Texas**

**Phone (817) 656-6693**

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APPENDIX C

Knowledge Questionnaire

**MICSAIT EVALUATION**
**KNOWLEDGE QUESTIONNAIRE**
**Version A**

Office Use Only

| Type |
|---|
| ☐ 2 Pre |
| ☐ 3 Post |
| ☐ 4 Follow-up |
| ☐☐☐ ID |
| 1 Version |
| ☐ 1 Telephone |

Name _____

Please indicate your response by checking true or false to each of the following items. Check only one alternative. If you think that the statement can be either true or false, check the alternative that reflects the situation in the majority of cases..

1. A regressed sexual abuser prefers adults as sexual partners.

   ☐ 1 True
   ☐ 2 False

2. A pedophile prefers sexual relations with teenagers.

   ☐ 1 True
   ☐ 2 False

3. A hebephile is primarily attracted to pre-pubescent children.

   ☐ 1 True
   ☐ 2 False

4. A man who sexually abuses children is motivated primarily by sexual needs.

   ☐ 1 True
   ☐ 2 False

5. A fixated offender molests children only when adult partners are not available.

   ☐ 1 True
   ☐ 2 False

6. Most sexual abusers of children could best be described as sexual psychopaths.

☐ 1 True
☐ 2 False

7. Incest has historically been taboo primarily for genetic reasons.

☐ 1 True
☐ 2 False

8. Mothers of incest victims were usually sexually abused as children.

☐ 1 True
☐ 2 False

9. The offender cannot be prosecuted if the mother refuses to sign the police report.

☐ 1 True
☐ 2 False

10. The police do not have to be notified of a sexual abuse case unless the child is in immediate danger.

☐ 1 True
☐ 2 False

11. If a defendant makes a statement to the child protective service worker admitting the abuse, it is not admissible unless he was warned of his rights.

☐ 1 True
☐ 2 False

12. A videotape of a sexually abused child should be made as soon as possible.

☐ 1 True
☐ 2 False

13. Results of pelvic exams of female victims are the only conclusive proof of sexual abuse.

☐ 1 True
☐ 2 False

14. In a civil trial, videotape testimony of a child is only admissible in cases of sexual abuse.

☐ 1 True
☐ 2 False

15. During a sexual abuse investigation the child may be interviewed at school.

☐ 1 True
☐ 2 False

16. As opposed to a criminal trial, the results of a polygraph test are admissible into evidence during a civil trial concerning a suit affecting the parent-child relationship.

☐ 1 True
☐ 2 False

17. Children cannot experience sexual arousal until puberty.

☐ 1 True
☐ 2 False

18. The sexual response system is an autonomic response.

☐ 1 True
☐ 2 False

19. Pedophiles and homosexuals are both attracted to children.

☐ 1 True
☐ 2 False

20. A person's self-esteem is affected by their sexual relationships.

☐ 1 True
☐ 2 False

**MICSAIT EVALUATION**
**KNOWLEDGE QUESTIONNAIRE**
**Version B**

Office Use Only

| Type |
|---|
| ☐ 2 Pre |
| ☐ 3 Post |
| ☐ 4 Follow-up |
| ☐☐☐ ID |
| 2 Version |
| ☐ 1 Telephone |

Name _____

Please indicate your response by checking true or false to each of the following items. Check only one alternative. If you think that the statement can be either true or false, check the alternative that reflects the situation in the majority of cases.

1. A regressed sexual offender prefers children as sex partners.

   ☐ 1 True
   ☐ 2 False

2. A pedophile prefers sexual relations with pre-teens.

   ☐ 1 True
   ☐ 2 False

3. A hebephile prefers sex with pubescent children.

   ☐ 1 True
   ☐ 2 False

4. A man who sexually abuses children is primarily motivated by non-sexual needs.

   ☐ 1 True
   ☐ 2 False

5. A fixated offender has a primary and abiding sexual attraction to children.

   ☐ 1 True
   ☐ 2 False

6. Most sexual abusers of children are mentally ill.

☐ 1 True
☐ 2 False

7. The incest taboo stems mainly from social concerns of our ancestors.

☐ 1 True
☐ 2 False

8. Most mothers of incest victims were not abused as children.

☐ 1 True
☐ 2 False

9. The sexual abuser can be prosecuted even if the mother will not take out a warrant.

☐ 1 True
☐ 2 False

10. The police must be notified of every case of child sexual abuse.

☐ 1 True
☐ 2 False

11. Statements made by a defendant to a Child Protective Service worker are admissible even if the person is not warned of their rights.

☐ 1 True
☐ 2 False

12. A videotape of a sexually abused child should be made as close to the time of trial as possible in order to shorten the chain of custody.

☐ 1 True
☐ 2 False

13. Medical examinations of sexually abused children often turn up no evidence of sexual abuse.

☐ 1 True
☐ 2 False

14. In a civil trial, videotape testimony of a child is admissible in all cases of child abuse.

☐ 1 True
☐ 2 False

15. Children cannot legally be interviewed at school during a child abuse investigation.

☐ 1 True
☐ 2 False

16. The results of a polygraph exam are not admissible into a criminal proceeding.

☐ 1 True
☐ 2 False

17. Children can experience sexual arousal prior to puberty.

☐ 1 True
☐ 2 False

18. The sexual response system is a voluntary response.

☐ 1 True
☐ 2 False

19. Homosexuals prefer adults as sexual partners.

☐ 1 True
☐ 2 False

20. A person's self-esteem is not affected by their sexual relationships.

☐ 1 True
☐ 2 False

APPPENDIX D

Training Questionnaire

**MISCAIT EVALUATION**
**TRAINING QUESTIONNAIRE**

Office Use Only

1 Sequence Number
☐☐☐ ID
☐☐ Job Title
☐☐ Age
☐ Job Setting

Name _____

Job Title _____

Age _____

Job Setting (Circle One)
Rural/Suburban/Urban

FOR EACH OF THE FOLLOWING STATEMENTS, PLEASE INDICATE YOUR LEVEL OF AGREEMENT OR DISAGREEMENT (CHECK ONLY ONE ALTERNATIVE FOR EACH ITEM).

1. As a result of this course I may do further study in this area.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

2. This course will positively affect my case handling in the future.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

3. The instructors' attitudes towards the students appear to be considerate and courteous.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

4. Class participation was encouraged.

☐ 5 Strongly agree
☐ 4 Agree
☐ 3 Neither agree nor disagree
☐ 2 Disagree
☐ 1 Strongly disagree

5. Visual aids were used effectively.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

6. Handout material was helpful.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

7. The interaction with other students was valuable.

- ☐ 5 Strongly agree
- ☐ 4 Agree
- ☐ 3 Neither agree nor disagree
- ☐ 2 Disagree
- ☐ 1 Strongly disagree

8. Overall, I would rate this course (circle one)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Poor | | | Average | | | Excellent |

Comments _____

_____

_____

_____

_____

APPENDIX E

Follow-up Questionnaire

**MICSAIT EVALUATION**
**FOLLOW-UP QUESTIONNAIRE**

Office Use Only

| | |
|---|---|
| 5 | Sequence Number |
| ☐☐☐ | ID |
| ☐ 1 | Telephone |

Name _____

For each of the following questions check the box that best represents your answer to the question. Be sure to mark only one box for each question unless specifically instructed.

1. A. Do you think multidisciplinary teamwork is important in the handling of sexual abuse cases?

☐ 5 Very important
☐ 4 Somewhat important
☐ 3 Uncertain
☐ 2 Somewhat unimportant
☐ 1 Unimportant

B. Before attending MICSAIT training how important did you consider multidisciplinary handling of sexual abuse cases?

☐ 5 Very important
☐ 4 Somewhat important
☐ 3 Uncertain
☐ 2 Somewhat unimportant
☐ 1 Unimportant

2. A. How informed are you of the roles of other professionals or agencies that handle child sexual abuse cases?

☐ 5 Very informed
☐ 4 Somewhat informed
☐ 3 Uncertain
☐ 2 Somewhat uninformed
☐ 1 Totally uninformed

B. Before attending MICSAIT training how informed were you of the roles of the other professionals or agencies that handle child sexual abuse cases?

☐ 5 Very informed
☐ 4 Somewhat informed
☐ 3 Uncertain
☐ 2 Somewhat uninformed
☐ 1 Totally uninformed

3. A. How comfortable do you feel working with a child molester? (If you do not work with child molesters, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable did you feel working with child molesters? (If you did not work with child molesters, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

4. A. How comfortable do you feel working with victims of child sexual abuse? (If you do not work with victims, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable did you feel working with victims of child sexual abuse? (If you did not work with victims, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

5. A. How comfortable are you working with the mother of an incest victim? (If you do not work with mothers, answer in terms of how comfortable you think you would be.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

B. Before attending MICSAIT training how comfortable were you working with the mother of an incest victim? (If you did not work with the mothers, answer in terms of how comfortable you think you would have been then.)

- ☐ 4 Very comfortable
- ☐ 3 Somewhat comfortable
- ☐ 2 Somewhat uncomfortable
- ☐ 1 Very uncomfortable

6. A. How would you rate your skill in handling cases of child sexual abuse?

- ☐ 5 Very good
- ☐ 4 Good
- ☐ 3 Average
- ☐ 2 Below average
- ☐ 1 Poor

B. Before attending MICSAIT training how would you have rated your skill in handling cases of child sexual abuse?

- ☐ 5 Very good
- ☐ 4 Good
- ☐ 3 Average
- ☐ 2 Below average
- ☐ 1 Poor

7. A. How often do you think cases of incest should be referred to treatment agencies?

- ☐ 4 Always
- ☐ 3 Often
- ☐ 2 Occasionally
- ☐ 1 Never

B. Before attending MICSAIT how often did you think cases of incest should be referred to treatment agencies?

- ☐ 4 Always
- ☐ 3 Often
- ☐ 2 Occasionally
- ☐ 1 Never

8. A. Do you think plea bargaining in incest cases is:

- ☐ 5 Very helpful
- ☐ 4 Somewhat helpful
- ☐ 3 Uncertain
- ☐ 2 Not very helpful
- ☐ 1 Never helpful

B. Before attending MICSAIT training did you think that plea bargaining in incest cases was:

- ☐ 5 Very helpful
- ☐ 4 Somewhat helpful
- ☐ 3 Uncertain
- ☐ 2 Not very helpful
- ☐ 1 Never helpful

9. A. How important is an adequate understanding of human sexuality to case handling?

- ☐ 5 Very important
- ☐ 4 Somewhat important
- ☐ 3 Uncertain
- ☐ 2 Somewhat unimportant
- ☐ 1 Unimportant

B. Before attending MICSAIT how important did you think an adequate understanding of human sexuality was for case handling?

- ☐ 5 Very important
- ☐ 4 Somewhat important
- ☐ 3 Uncertain
- ☐ 2 Somewhat unimportant
- ☐ 1 Unimportant

10. A. After having received a referral/report of child sexual abuse, how often do you coordinate and communicate with the referring party?

- ☐ 5 Always
- ☐ 4 Usually
- ☐ 3 Sometimes
- ☐ 2 Rarely
- ☐ 1 Never
- ☐ 8 Not applicable

B. Before attending MICSAIT training how often did you coordinate and communicate with the referring party?

- ☐ 5 Always
- ☐ 4 Usually
- ☐ 3 Sometimes
- ☐ 2 Rarely
- ☐ 1 Never
- ☐ 8 Not applicable

11. A. Do you know the extent to which professionals in your immediate area are prepared to serve clients in sexual abuse cases?

☐ 3 Yes, I know exactly which cases they can and cannot serve.

☐ 2 Yes, I have some knowledge of professional capabilities.

☐ 1 No, I do not know.

B. Before attending MICSAIT training did you know the extent to which professionals in your immediate area were prepared to serve clients in sexual abuse cases?

☐ 3 Yes, I knew exactly which cases they could and could not serve.

☐ 2 Yes, I had some knowledge of professional capabilities.

☐ 1 No, I did not know.

12. The following questions refer to the past month. (Mark N/A if you do not see clients.)

Office Use Only

☐☐ a. Approximately how many victims of child sexual abuse did you see during the past month? _____

☐☐ b. Approximately how many offenders did you see during the past month? _____

☐☐ c. Approximately how many mothers of victims did you see during the past month? _____

☐☐ d. Approximately how many referrals for treatment did you make last month involving cases of sexual abuse? _____

☐☐ e. (Police/CPS only) Approximately how many cases of child sexual abuse did you validate/file last month? _____

☐☐ f. How many training sessions/presentations on child sexual abuse did you make last month? _____

13. The following questions refer to the month before attending MICSAIT training (mark N/A if you did not see clients).

| Office Use Only | |
|---|---|
| ☐☐ | a. Approximately how many victims of child sexual abuse did you see during the month before MICSAIT training? _____ |
| ☐☐ | b. Approximately how many offenders did you see during the month before MICSAIT training? _____ |
| ☐☐ | c Approximately how many mothers of victims did you see during the month before MICSAIT training? _____ |
| ☐☐ | d. Approximately how many referrals for treatment did you make during the month prior to MICSAIT training? _____ |
| ☐☐ | e. (Police/CPS only) Approximately how many cases of child sexual abuse did you validate/file in the month prior to MICSAIT training? _____ |
| ☐☐ | f. Approximately how many training sessions/presentations on child sexual abuse did you make in the month prior to MICSAIT training? |